

REGISTRATION FORM
56th ANNUAL ABMOPAD LAYMEN'S RETREAT
August 6-8, 2010
SHIPPENSBURG UNIVERSITY, SHIPPENSBURG, PENNSYLVANIA
Theme: "Serving the Lord with Gladness – Psalm 100"

Date: _____

Name: _____ Age: _____
Last First Nickname for Badge

Street Address: _____ Phone: _____

City, State, Zip: _____ First Retreat?
Yes No

E-Mail Address: _____

Name of Your Church: _____ City/ Town: _____

Pastor's Name: _____ Care to Room with: _____

EARLY BIRD DISCOUNT: \$15 discount on all Full Conference registrations received by May 31, 2010
***** Early Bird Discount will be given on final amount due, do NOT reduce your deposit *****

Registration begins at 2:00 P.M. Friday (If you come early, you may have to wait for your room key)

***** Please note that this year, all rooms are air-conditioned Apartments – 6 people to a room *****

Full Conference Rates

_____ Youth (18 and under) \$75.00
(All Youth must be in a shared room with an Adult over 18)

_____ Shared Room \$125.00
 _____ Single Room (1 side of Apartment) \$150.00

Daily Rates

_____ Sessions and Meals \$50.00
 _____ Sessions and Meals w/1 Night \$100.00
***** Please circle the single night you will be staying**

Friday Saturday

Registration Deposit (Youth) \$50.00
Registration Deposit \$75.00

Amount enclosed \$ _____

Make checks payable to ABMOPAD

***** Check or Money Order only - DO NOT MAIL CASH *****

DO NOT MAIL AFTER JULY 17th

List physical limitations for room access

**Registration deposit is required by July 1st. No
 refunds after July 1st.**

(29 April, 2010)

MAIL TO:

ROBERT R. McQUE, JR.
216 BRENTON CIRCLE
HARLEYSVILLE, PA 19438-2022
Phone: 215-513-9748

e-mail rmcque@gmail.com

ADDITIONAL INFORMATION

_____ I would like to sing in the Chorus

_____ I would like to play in the Orchestra
***** Bring your Instrument *****

See Web site for more information
www.abmopad.org

**PLEASE MAKE ADDITIONAL COPIES OF
 THIS FORM AND SHARE THEM WITH A
 FRIEND.**

**PARENTAL CONSENT FORM REQUIRED IF
 UNDER 18.**